U.S. ⊅epartment of Labor C∕ifice of Labor-Management Standards Washington, DC 20210

FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.

Fo	or Official Use Only
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READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

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1. File Number U -	2. Fiscal Year Covered From:			
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Name and address of person filing.	4. Name, file number, and address of labor organization.			
Name HOWARD J SAVLICK	Name ALA LOCAL ONE			
helps (an alternative school of the second s	Labor Organization File Number 035-319			
P.O. Box, Bldg., Room No., if any	P.O. Box, Building and Room Number, if any			
Street 3688 MANCHESTER RD	Street 113 UNIVERSITY PLACE			
City WANTAGH COLORED TO COLORED T	City New York Constitution of the Constitution			
State NEW YORK ZIP Code +4 LICT 93	State NEW YORK ZIP Code + 4 10003			
5. Position in labor organization. AD HINISTRA TOR	(TRUST FUND) ELPLUYEE OF UMON			
Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):				
A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.				
6. Name and address of Employer (including trade name, if any). 7.a. Nature of Interest, Transaction, or Income.				
Name				
Trade Name, if any:				
P.O. Box, Bldg., Room No., if any	7.b. Amount.			
Street Transfer Trans				
City				
State ZIP Code + 4				
Si	gnature			
15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned sknowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.) Signed On S8/05 212)460-0800				
Form LM-30 (2003)	pate Telephone Number Page 1 of 2			

Name of Person Filing	File Number U-		
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.			
8. Name and address of Business (including trade name, if any). Name ALL (ANCE BERNSTELN Trade Name, if any: P.O. Box, Bldg., Room No., if any Street 767 FIFTH AVENUE City NEW ORK State NEW YORK ZIP Code +4 10/53	9. Business deals with: a. Labor Organization b. Trust c. Employer		
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.		
Name AVA TWOUSTRY PENSION PLANT SICKNESS CACCEST Trade Name, if any: P.O. Box, Bldg., Room No., if any Street 113 UNIVECSITY PLACE City NEW YORK State NEW TORK ZIP Code + 4 1000 S	TNICES MENT MANAGER 11.b. Approximate dollar value of such dealing. 12.a. Nature of interest held or income received. INVESTMENT MEETING ACTIVITY DURING MEETING ME		
C. Received from any employer (other than an employer covered unde or from any labor relations consultant to an employer any payment of money	er parts A and B above) or other thing of value.		
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	14.a. Nature of payment. 14.a. Nature of payment.		
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment.		

Name of Person Filing	File Number U-			
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8. Name and address of Business (including trade name, if any). Name ALLIANCE BERNSTEIN Trade Name, if any: P.O. Box, Bidg., Room No., if any Street 767 FIFTH AVENUE City NEW ORK State NEW YORK ZIP Code +4 10153	9. Business deals with: a. Labor Organization b. Trust c. Employer			
10. If 9.b. or 9.c. is checked give trust or employer's name. Name ALA TROUTRY FENSIUPLAN SICKNESS Accident Trade Name, if any: P.O. Box, Bldg., Room No., if any Street 113 UNIVERSITY FLACE City New York State Jew York ZIP Code + 4 10.603	11.a. Nature of such dealing. TNVESTMENT MANAGER SERVICES 11.b. Approximate dollar value of such dealing. 12.a. Nature of interest held or income received. TNVESTMENT MEETING ACTIVITY On 8/3/34			
C. Received from any employer (other than an employer covered und or from any labor relations consultant to an employer any payment of money	12.b. Amount. er parts A and B above) or other thing of value.			
13.a. Name and address of Employer or Labor Relations Consultant	14.a. Nature of payment.			
(including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4				
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment.			

Name of Person Filing Howard J. Javlick	File Number U-		
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.			
8. Name and address of Business (including trade name, if any). Name CRA ROBERS CASEY Trade Name, if any: P.O. Box, Bldg., Room No., if any Street 800 Sausth Shreet - State 250 City WALTHAM State MA ZIP Code +4 02485	9. Business deals with: a. Labor Organization b. Trust c. Employer	•	
10. If 9.b. or 9.c. is checked give trust or employer's name. Name ALA INDUSTRY FONSION FLAN Trade Name, if any: P.O. Box, Bldg., Room No., if any Street ITS UNIVERSITY FLAGE City NEW YORK ZIP Code + 4 TOO 2.3	11.a. Nature of such dealing. LNVESTMENT CONSCIONATE CONSCIONATE ACTIVITIES FROM ENGLANDED BY CRA	\$78,435.00 sm 10 bo-10bs). mit /Rocers Casey	
C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.			
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name Trade Name, if any: P.O. Box, Bidg., Room No., if any Street City State ZIP Code + 4	14.a. Nature of payment.		
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment.		

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Name of Person Filing HOWARD J. SAV Lick	File Number U-
B. Held an interest in or derived income or economic benefit with monetary values substantial part of which consists of buying from, selling or leasing to, or otherw of an employer whose employees your labor organization represents or is active (2) any part of which consists of buying from or selling or leasing directly or indicating with your labor organization or with a trust in which your labor organization.	rise dealing with the business ely seeking to represent, or irectly to, or otherwise
8. Name and address of Business (including trade name, if any). Name AMALGAMATED BANK OF New York Trade Name, if any: P.O. Box, Bldg., Room No., if any Street 11-15 UNION TURE WEST City New York State New York ZIP Code +4 10003	9. Business deals with: a. Labor Organization b. Trust c. Employer
10. If 9.b. or 9.c. is checked give trust or employer's name. Name Trade Name, if any: P.O. Box, Bldg., Room No., if any	11.a. Nature of such dealing. CUSTODIAL BANK / INVESTMENT MANAGER SERVICES
Street City Control of the Control o	11.b. Approximate dollar value of such dealing. 12.a. Nature of interest held or income received.
State ZIP Code + 4	FUNDRAIJER ACTIVITIES ON 6/10/04 diring SOL STETIN/ BOTTO HOUSE LABOR MUS V EM MEETING
	12.b. Amount. 200-03
C. Received from any employer (other than an employer covered und or from any labor relations consultant to an employer any payment of money	er parts A and B above) y or other thing of value.
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name	14.a. Nature of payment.

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(including trade name, if any).		
Name		er en grand gegringerije is gegring de gegen de De gegen de
Trade Name, if any:		
P.O. Box, Bldg., Room No., if any		
Street The Street Stree		na zapod Oznoprzejają z zarze z 146 rokusty 18. grupny popostorowskie obez 16. grupny
City		ESTERFALMENTE ESSENDE GESTE ET STERFALMENDE ESTE ESTE EN MARKELLE ESTE ESTE ESTE ESTE ESTE ESTE ESTE
State ZIP Code + 4		
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment.	

.Name	of	Person	Filing

HOWARD J. SAYLICK

File Number U-

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.			
8. Name and address of Business (including trade name, if any). Name COLUM BUS CISCLE TAVESTURS Trade Name, if any: P.O. Box, Bldg., Room No., if any Street ONE STATION PLACE City STAM FOCO State ZIP Code +4 0690 —	9. Business deals with: a. Labor Organization b. Trust c. Employer	.	
10. If 9.b. or 9.c. is checked give trust or employer's name. Name ALA TADUSRY PENSION PLAN Trade Name, if any: P.O. Box, Bldg., Room No., if any Street ITS LINIUE STITY PLACE City New York State Now Sock ZIP Code +4 10003	11.a. Nature of such dealing. IN VESTMENT MANA G 11.b. Approximate dollar value of such dealing. 12.a. Nature of interest held or income received. INVESTMENT MEETING DURING CRA/ROGES MEETING NELD WESTMENT		
C. Received from any employer (other than an employer covered unde	12.b. Amount.	\$7.45.00	
or from any labor relations consultant to an employer any payment of money 13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	or other thing of value. 14.a. Nature of payment.		
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment.		